



Phone: 210.467.5174 | Fax: 210.467.5184

Patient Name: _____ DOB: _____
 Address: _____ City: _____
 State: ____ Zip: _____ Phone: _____ Male Female
 Allergies: _____
**** All prescriptions are intended for prescribed patient****

Office Name: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____

Medication	Concentration	Directions	Supplied	Refills
Smart-Lean (methionine, inositol, choline, methylcobalamin)	<input type="checkbox"/> 15mg/50mg/100mg/1mg	<input type="checkbox"/> Take 1 cap po QD	<input type="checkbox"/> 100 <input type="checkbox"/> 30	
3-Amigos (L-leucine, L-lysine, L-arginine)	<input type="checkbox"/> 200mg/100mg/100mg	<input type="checkbox"/> Take 1 cap po QD <input type="checkbox"/> Take 1 cap po BID	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90	
Mega-Burn (methionine, inositol, choline, thiamine Riboflavin-5-phosphate, niacinamide, Pyridoxine, dexpanthenol, 5- methyltetrahydrofolate(MTHF) Methylcobalamin, sodium ascorbate, Lcarnitine)	<input type="checkbox"/> 15mg/25mg/12.5mg/3mg <input type="checkbox"/> 5mg/3mg/5mg/2.5mg/5mg 300mcg/1.5mg/5mg	<input type="checkbox"/> Take 1 cap po QD	<input type="checkbox"/> 100 <input type="checkbox"/> 30	
_____ (tablets)	<input type="checkbox"/> 15mg <input type="checkbox"/> 37.5mg	Take <input type="checkbox"/> 1 <input type="checkbox"/> 2 PO QD	<input type="checkbox"/> 30 <input type="checkbox"/> 60	
_____/Topiramate (tablets) *Do Not Stop Abruptly*	<input type="checkbox"/> 4.5mg/23mg <input type="checkbox"/> 9mg/23mg <input type="checkbox"/> 13mg/23mg <input type="checkbox"/> 16.5mg/23mg <input type="checkbox"/> 4.5mg/46mg <input type="checkbox"/> 9mg/46mg <input type="checkbox"/> 13mg/46mg <input type="checkbox"/> 37.5mg/46mg	<input type="checkbox"/> take 1 CAP PO qAM <input type="checkbox"/> take 1 CAP PO qAM for 14 days, then 2 CAP PO qAM <input type="checkbox"/> take 2 CAP PO qAM	<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> ____	
Must write Phentermine in (blank provided) --				
Bupropion/Naltrexone SR	<input type="checkbox"/> 90mg/100mg	<input type="checkbox"/> Week 1: 1 CAP PO qAM, week 2: 1 CAP PO qAM, 1 CAP PO qPM, week 3: 2 CAP PO qAM, 1 CAP PO qPM, week 4: 2 CAP PO qAM, 2 CAP PO qPM <input type="checkbox"/> 2 CAP PO qAM, 2 CAP PO qPM	<input type="checkbox"/> 70 <input type="checkbox"/> 90 <input type="checkbox"/> 120	
OTHER				

Prescriber Name: _____ Prescriber Signature: _____
 DEA# _____ NPI# _____ Date: _____
 Supervising Physician _____ DEA# _____